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133 7590 12/06/2007

EASTMAN KODAK COMPANY
PATENT LEGAL STAFF
343 STATE STREET
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(Depositor's name)
 (Signature)
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10,514,394	03/31/2006	Bernard A. Clark	85240/AEK	9149

TITLE OF INVENTION: PHOTOGRAPHIC ELEMENT WITH SPEED-ENHANCING COMPOUND

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/06/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
VISCONTI, GERALDINA	1795	430-502000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <i>ARTHUR E. KUEGEL</i>
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **EASTMAN KODAK COMPANY**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

343 STATE STREET, ROCHESTER, NY 14650-2201

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *05-0225* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Andrew J. Anderson/ajanderson

Date February 15, 2008

Typed or printed name Andrew J. ANDERSON

Registration No. 33,564

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